Revision:	AUGUST 1991	(BPD) OMB No.: 0938-
	State:	West Virginia
<u>Citation</u> 1902(a)(52) and 1925 of		Families Receiving Extended Medicaid Benefits
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in https://doi.org/10.1007/html/html/mat/4752 (or may be greater if provided through a caretaker relative employer's health insurance plan).
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are
		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <u>ATTACHMENT 3.1-A</u> (or may be greater if provided through a caretaker relative employer's health insurance plan).
		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
		Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
		Medical or remedial care provided by licensed practitioners.
		/_/ Home health services.
Supersedes	-15 -03 Approval	
		HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	Wes	t Virginia
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits
			Private duty nursing services.
		/	Physical therapy and related services.
	•	/	Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		<u></u>	Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
		<u></u>	Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 94-15
Supersedes
TN No. 87-02

Approval Date

JUN 3 0 1995

Effective Date

JUL 0 1 1994

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-			
	State:	Wes	t Virginia					
<u>Citation</u>	caid Benef:	<u>lts</u>						
	(c) <u>/</u> /	fees, for h	gency pays the family deductibles, coinsur- lealth plans offered by yer as payments for mo	ance, and s y the caret	imilar costs aker's			
		/	lst 6 months	7 2nd 6 m	onths			
	<u>/X</u> /	emplo	gency requires caretal yers' health plans as bility.	kers to enr a conditio	oll in n of			
		<u>k. /</u>	1st 6 mos. \sqrt{x}	2nd 6 mos.				
	(d) / (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:							
		_7	Enrollment in the famemployer's health pla	nily option	of an			
		/	Enrollment in the famemployee health plan.	aily option	of a State			
		/	Enrollment in the Stauninsured.	ate health	plan for the			
		_7	Enrollment in an eligorganization (HMO) with of less than 50 percent (except recipients of	lth a prepa ent Medicai	id enrollment d recipients			

TN No. 94-15Supersedes TN No. 90-01Approval Date

Effective Date _

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State: ___

West Virginia

Citation

3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- /X (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 94-15
Supersedes Approval Date
TN No. 90-01 pages d and e

Effective Date 1994

HCFA ID: 7982E